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ABSTRACT

Women's drinking patterns continue to change in society and on campus. Recent studies have indicated that heavy drinking has more than doubled among female college students in the last decade. The number of female drinkers closely resembles the number of male drinkers during the college years. Women who drink heavily face special social and emotional problems that differ from those of male alcoholics. There are also indications of health implications specific to women's alcohol use, some of which relate to body weight and composition and proportion of body fat, stage of the menstrual cycle, and poly-drug use or cross addictions. Student personnel professionals need to understand how alcohol affects a woman's physical, social, and emotional health; to learn to recognize female students who may be at risk of developing problems when they drink; and to become aware of the danger signals when they occur. This paper presents a program to help individual professionals and the student personnel profession to serve as catalysts for social responsibility in making educated decision concerning alcohol consumption. The special problems of women and alcohol interactions are addressed by sharing information compiled, references available for further use, and group discussion. A recommended program outline with relevant resources by topic is provided. Sections look at alcohol education in general and at women and alcohol in particular. (Author/NB)

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Women and Alcohol:

Increasing Awareness on the College Campus

ACPA MIAMI CONVENTION 1988

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Women and Alcohol:

Increasing Awareness on the College Campus

Abstract

Women's drinking patterns continue to change in society and on campus. Recent studies have indicated that heavy drinking has more than doubled among female college students in the last decade. The number of female drinkers closely resembles the number of male drinkers during the college years. This program was presented at the American College Personnel Association conference in Miami, Florida on March 21, 1988. This program addresses the special social, emotional and physical problems that women who drink (in moderation or to excess) experience today. Specific differences in interaction concerning women are detailed, and programming suggestions will be shared. The program format combines lecture with group interaction to provide a program which will be easily adapted to individual institutions and student groups.

Women and Alcohol:

Increasing Awareness on the College Campus

Alcohol has been used for thousands of years as a source of relaxation, warmth and good feelings. No one begins drinking with the intention of getting into trouble. Drinking usually becomes a problem gradually. Whether, when, and how we drink are personal decisions. It's up to each of us to make such decisions responsibly and wisely. To do that, we need to know the facts.

Women's drinking patterns continue to change in society. It is estimated that nearly sixty percent of American women drink alcoholic beverages. It is also estimated that from World War II until the mid-1970s, "the percentage of women who drank at least once a month had risen from 45 percent to 66 percent (Youcha, 1986, p. 10)." According to a 1984 pamphlet published by the Alcohol and Drug Problems Association of North America, if one counts only women who are of college age and above, the figure could be almost eighty percent and about twelve percent are heavy drinkers. In addition, other studies have indicated that heavy drinking has more than doubled among female college students in the last decade.

Youcha (1986) estimated that of the nearly fourteen million alcoholics and problem drinkers in this country, more than three and one-half million are said to be women.

Women who drink heavily face special social and emotional problems that differ from those of male alcoholics. Part of this may be attributed to the double standard in society in which the man who drinks heavily is often accepted, but this same problem or behavior is often criticized in women. As a result of this double standard, women tend to hide their drinking behavior. This makes them harder to reach, less likely to seek help, and more likely to become seriously ill before the diagnosis of the disease is reached. There are also indications that there

are health implications specific to women's alcohol use. Some of these relate to body weight and composition and proportion of body fat, stage of the menstrual cycle, and poly-drug use or cross addictions. Alcoholism has been associated with suicide attempts and depression in women. Violence in college women's dating relationships is often related to and combined with the presence of alcohol or other drug substances.

Fetal Alcohol Syndrome

During the peak reproductive age range of 18-34, an estimated 5% of American women consume an average of two or more drinks per day or fourteen or more drinks per week (Clark & Midanik, 1982). Estimates of the proportion of women who drink at least this amount vary widely, depending on the study and the geographical location (National Institute on Alcohol Abuse and Alcoholism [NIAAA], 1987). Alcohol readily crosses the placenta and yields levels of alcohol in the fetus which are almost identical to those of the mother. Prenatal alcohol exposure poses a definite threat to the health of an unborn child. The effects range from miscarriage and newborn death, low birth weight, abnormalities which are termed fetal alcohol syndrome (FAS), and subtle behavioral disturbances such as hyperactivity. The Fetal Alcohol Study Group for the Research Society on Alcoholism proposed specific criteria for the diagnosis of fetal alcohol syndrome (Rosett, 1980). These criteria require at least one feature from each of the three categories:

1. Growth Retardation before and/or after birth
2. A general pattern of abnormal features of the face and head, including small head circumference, small eyes, or evidence of retarded formation of the midfacial area, including a flattened bridge and short length of the nose, and flattening of the vertical groove between the nose and mouth; i.e. the philtrum. A recent study suggests that the midface of an FAS child is long and that the chin appears to recede (Clarren, Bowden, & Astley, 1985).
3. Evidence of central nervous system abnormality, including, for example, abnormal neonatal behavior, mental retardation, or other evidence of abnormal neurobehavioral development.

> None of these features alone is considered to be specifically characteristic of the exposure to alcohol. Alcohol related birth effects are complications of pregnancy, risk associated pregnancy outcomes and birth defects attributed to alcohol use after statistical analysis has corrected for the contribution of other factors (NIAAA, 1987, p. 4).

The Role of Denial

Kimball (1978) argues that in all aspects, denial is a central mechanism in the discussion of women and their abuse of alcohol. In addition to the woman who denies a problem that she, herself may have with the use or abuse of alcohol, there are eleven other sources of denial in the community. These include: 1) The court system, including judges and lawyers, 2) The social worker "system", 3) Marital and alcoholism counselors, 4) Sisters in a religious community, 5) School system personnel, 6) Police officers, 7) Employers, 8) Beauticians and cosmetologists, 9) Bartenders, 10) Drinking or other drug-taking friends of the afflicted person, and 11) Community organizations or affiliations. In addition, the medical profession often denies the problem and other drugs are prescribed to delay or to relieve other serious consequences of drug abuse including obesity or malnutrition, inability to sleep, nervousness or depression.

As long as women and those around them continue to deny that a problem exists, acceptance will never be reached and recovery will be hampered.

Purpose of Alcohol Education for Women

Dean and Bryan (1982) report that alcohol education is most often defined as those activities designed to: 1) Involve individuals in discussions of problems and issues associated with alcohol, 2) Recognize the reasons why people use alcohol, 3) Recognize the effects of use of alcohol on individuals and their peers, 4) Suggest how and why responsible decisions about alcohol are made, 5) Recognize that irresponsible alcohol use can be harmful to self and others, 6) Recognize that decision making is an individual and personal act, 7) Establish criteria for decisions regarding responsible use of alcohol, and

8) Establish campus norms that promote the positive use of alcohol and restrict negative use.

Student personnel professionals need to understand how alcohol affects a woman's physical, social, and emotional health. It is also important to learn to recognize female students who may be at risk of developing problems when they drink, and to become more aware of the danger signals when they occur. By becoming more aware, this information may be disseminated to the student population in the form of programs, or support groups. It is the goal of this program to help individual professionals and the student personnel profession to serve as catalysts for social responsibility in making educated decisions concerning alcohol consumption.

Objectives

The special problems of women and alcohol interactions will be addressed by sharing information compiled, references available for further utilization, and group discussion. The function of this program will be to increase knowledge, share professional insights, and provide educational materials relevant to student personnel staff members in a variety of job functions and specialty areas.

Recommended Program Outline and Resources

Although this specific program recognizes at least an average level of alcohol education knowledge among program participants, student program participants may want to review basic alcohol program information before contemplating the problems specific to women.

I. Alcohol Education in General

A. Reasons given by college students for drinking

-To relax
-For sociability
-Enjoy the taste
-To get high
-To get drunk

-For escape
-Expected by friends
-The normal, acceptable thing to do
-To impress dates
-To overcome shyness
-To help with studying
-Nothing else to do

B. Negative consequences students experience because of drinking
-Hangovers
-Driving after drinking
-Drinking while driving
-Nausea and vomiting
-Missing classes because of hangovers
-Coming to class after drinking
-Being criticized by dates and friends because of drinking
-Receiving lower grades due to drinking
-Being unable to remember what happened the night before
-Doing things later regretted including sexual activities
-Losing personal property while drinking
-Fighting
-Getting into accidents
-Getting into trouble with authorities
-Damaging school or other property
-Present or growing dependency on alcohol
-Relationship or date violence

C. Myths and misconceptions about alcohol
-I drive better after a few drinks
-Alcohol is a stimulant
-Very few women become alcoholic
-People are always friendlier when they are drunk
-People get drunk, or sick from switching drinks
-It's rude to refuse a drink
-People who drink too much only hurt themselves
-A good host never lets a guest's glass get empty
-It's impolite or rude to tell a friend they've had too much to drink
-A few drinks can help you rewind or relax
-Getting drunk is funny

-The best cure for a hangover is .....

-Most skid row bums are alcoholics and most alcoholics are skid row bums

-Most alcoholics are middle-aged or older

-Drinking is a sexual stimulant or aphrodisiac

-You're not an alcoholic unless you drink a certain amount a day

-Alcohol is digested in the body the same as food is

-Certain kinds of drinks have less alcohol than others

-Blackouts and passing out are the same reactions to alcohol consumption and should be no cause for alarm

D. Alcohol's effects on the brain and body

- By slowing down the brain's action, alcohol becomes a depressant with successive drinks.
- Alcohol's first effect on the brain is on the area that controls judgment and thought: understanding, reasoning, making decisions, remembering.
- With additional drinks, the ability to perform these mental functions declines.
- Another area of the brain which controls muscular coordination is slowed down and the ability to stand, move, and drive a car is altered negatively.
- As more drinks are consumed, depressant action continues and passing out can occur.

E. Responsible vs irresponsible drinking behaviors and values

1. Responsible drinking behaviors and values

- The use of alcohol improves, rather than destroys or impairs, social relationships
- Alcohol is an adjunct to an activity, not the central focus
- Alcohol is used carefully in connection with other drugs or is not used at all while taking other medications or drugs
- Human dignity and choice is maintained by the use of alcohol
- Drinking is not used as a solution to problems
- Do not tolerate or condone the behavior of those who are irresponsible in their consumption of alcoholic beverages
- Understand that alcoholism is a disease, treatable by medical science: alcohol abuse is a social problem best treated through example and education
- Know your own limit for alcohol-stop drinking before it is reached

- Know that by exhibiting a responsible attitude about drinking you become an example to others, and a model for conduct and behavior
- When you serve alcoholic beverages at a party, you take on the responsibility for those you serve. Follow guidelines for responsible hosting.
- Never combine drinking and driving.
- Alcohol is not used as an excuse for negative or irresponsible behavior. A person who has been drinking takes responsibility for his or her actions.

2. Irresponsible drinking behaviors and values
   - Gulping drinks for the effect produced
   - Starting the day with a drink
   - Drinking alone, from the desire to escape reality, boredom, or loneliness
   - Absenteeism or impaired job performance because of drinking
   - Rationalizing in regard to drinking behavior
   - Using drinking as an excuse for personality or behavioral change
   - Frequent excess consumption of alcohol, or drunkenness
   - Experiencing "blackouts"-alcohol induced amnesia- or using a blackout as an excuse for irresponsible behavior
   - Drinking to relieve hangovers
   - Having frequent minor accidents or physical complaints as a result of alcohol use or abuse
   - Mixing alcohol and other drugs
   - Drinking and driving or riding with a driver who has been drinking
   - Serving alcohol to, or purchasing alcohol for a minor
   - Serving alcohol to persons who are already drunk, forcing drinks on persons who don't want any or any more, allowing guests to drive home drunk, and failing to follow other responsible hosting behaviors.

F. The symptoms of growing dependency on alcohol:

If you or someone you know have experienced some of these "warnings", it may be time to take a close, honest look at drinking habits. If any of these is evolving into a regular pattern, it's likely that a problem is developing.

- Drinking too much when there's good reason to stay sober
- Having accidents in your room or home because of drinking

- Being asked to leave a party or bar because of drinking
- Blackouts-when you can't remember what happened the night or day before
- Getting into fights because of drinking
- Needing a drink in the morning "to get you started"
- Using money for drinking that should have been used for something else such as paying bills, or for groceries
- Having shaky hands the morning after
- Being told by a doctor that drinking is affecting your health
- Feeling the effects of drinking in class or on the job

G. Responsible hosting behaviors:

- Offer alternate beverages
- Plan activities to minimize drinking time
- Serve food with alcohol
- Don't rush refills or serve "doubles"
- Don't let drunk guests drive home
- Provide a relaxed environment to put guests at ease
- Let guests know what is in "punches"
- Keep cocktail hours short, and serve meals reasonably soon
- Stop serving alcohol about an hour before the party ends
- Avoid carbonated mixers as they speed up alcohol absorption

H. How to deal with a drunk or intoxicated person

- Keep the person still and comfortable, don't try to walk, run, or exercise the drunk person; don't try to keep the person awake; above all, don't permit the person to drive.
- Stay with the drunk person who is vomiting. When laying him/her down, turn head to the side to keep it from falling back. Keep the person from swallowing vomit. Don't administer anything orally like food, liquid or drug to sober them up, only time will serve this function.
- Monitor the person's breathing. Don't give the person a cold shower, as it may be too much of a shock and they could slip and fall.
- Keep your distance and keep others out of the way for privacy.

Don't constrain the person without assistance.

- Speak in a clear, firm reassuring voice, but don't try to reason or argue or antagonize the person. Don't laugh, ridicule, provoke, anger, or threaten the person.

I. Drinking and driving:

Resources for program materials:

1. ABC's of Drinking and Driving- a scriptographic booklet by Channing L. Bete Co., Inc., South Deerfield, MA 01373, 1985. (Booklet)
2. American Automobile Association (1984). Alcohol, vision, and driving. AAA (Brochure)
   Traffic Safety Department
   Falls Church, Virginia 22047
3. Chafetz, M.E. (1983). Drunk driving-What can I do? Washington, DC: Health Education Foundation. (Booklet)
4. U.S. Department of Transportation, National Highway Traffic Safety Administration, Drunk Driving Facts, July 1987.

II. Women and alcohol

A. Administration of pre-program alcohol knowledge questionnaire which asks questions specifically related to women and alcohol.

REFERENCE: Berger, S. (1982). Alcohol, drinking, and women in America: A guide to education and action. Danvers, MA: The Prevention Center, the North Shore Council on Alcoholism, Inc. pp. 24-29.

The answers can be discussed at this time, or a post-program assessment of knowledge gained can be used, in which the questionnaire is again administered at the end of the program and answers discussed prior to the closing of the program and dismissal of participants.

B. Women and men:Drinking patterns and differences

Literature has suggested that the drinking patterns, effects and implications of alcohol use and abuse, and complications due to excesses differ between men and women. The most widely accepted differences include:

* More women than men begin drinking later in life.
* Female alcoholics experience more depression and suicidal tendencies than do male alcoholics.
* Women experience or suffer from multiple addictions more often than men.
* Women use alcohol more often as a painkiller--to cope with psychological problems than men.
* Alcohol has become associated with money, power, and success for women as it has been for men in the past.
* Married women with jobs report substantially higher rates of problem drinking than do either single working women or housewives.
* Catholic women are more likely than Protestant women to have drinking problems.

* Separated and divorced women have the highest rates of alcohol abuse, followed by working mothers.
* Women, more often than men, have asked for help in one way or another before they finally enter treatment aimed at their alcoholism.
* Among working women, drinking is particularly prevalent in middle management jobs where there are meetings, expense account lunches, and clients to be entertained.
* Loneliness is a more important factor for women than men and women drink secretly at home more frequently.
* Female addicts generally have difficulty maintaining relationships and demonstrate an extreme degree of dependence on others, especially males.
* Of alcoholic women who are married, studies show that their spouses frequently have alcohol or drug problems of their own.
* Women alcoholics more often report sexual problems than men and they are seen to be due to lack of sexual interest or drive.
* Many recent studies of female drinkers have found evidence of sex-role conflicts among alcoholic and problem-drinking women.
* Specific life crises are more likely to trigger alcoholism in a woman than in a man.
* The families of female alcoholics are more likely to oppose treatment than the families of male alcoholics.
* Women alcoholics often seek help for emotional or family problems without ever mentioning a drinking problem.
* The consumption of alcohol by women just prior to menstruation produces significantly higher levels of alcohol concentration than at any other time during the menstrual cycle.

* Alcohol may itself disturb the menstrual cycle. In alcoholic women, menstruation sometimes ceases altogether as its delicate balance is disrupted by malnutrition as well as the drug.
* Women taking birth control pills were shown to metabolize alcohol slower, or remain intoxicated longer, than women not using birth control pills.
* Drinking relatively small amounts of alcohol even occasionally during pregnancy has been related to an increased rate of miscarriage, a lower than normal birth rate, and central nervous system damage to the fetus. The father's drinking behavior following conception does not have any effect on the fetus.
* Heavy drinking during pregnancy may lead to Fetal Alcohol Syndrome, a range of disabilities that includes physical deformities and mental retardation.
* 20-50% of daughters of alcoholics become alcoholics themselves and tend to marry alcoholics.
* More men leave alcoholic wives than women who leave or divorce alcoholic husbands.
* Male alcoholics tend to have problems at work as a result of their drinking, while women who abuse alcohol seem to have more troubles with family life including relations with one's spouse.
* As educational level goes up and income rises, women drink more away from the home and drink more frequently.
* Because women have a higher proportion of body fat than men, and fat doesn't absorb alcohol, a drink enters a woman's bloodstream faster. Women with a larger amount of body fat metabolize alcohol more slowly than women with a lean body build.

* Women may experience more severe long term effects of alcoholism. Alcohol abuse may lead to cirrhosis of the liver and pneumonia faster than in men, and alcohol may damage a woman's reproductive capacity and harm unborn children.
* Women are more likely than men to deny that they are addicted to alcohol because it's seen as more shameful for women to drink heavily.
* In general, women with alcohol problems start drinking later than men, and actual problem drinking actually starts during the early or mid-30s although it may begin earlier in an unmarried person.
* Alcohol is frequently used for purposes of seduction and many women find themselves sexually involved with or even violated by men while intoxicated. This can have various negative effects including sexually transmitted diseases, depression, loss of self-esteem, and further drinking. An unwanted pregnancy could possibly be the most devastating result, especially to a teenaged girl or an unmarried or unemployed woman.
* Alcohol use or abuse is a common contributing factor to many household accidents and fires involving women.
* For women who diet, it is important to understand changes in alcohol tolerance. Someone who loses weight will "feel the effects" faster than they used to. Restricting carbohydrates (as most diets do) lowers blood sugar as does alcohol. Exercise lowers it more. This combination can produce effects which appear to be drunkenness but really is due to hypoglycemia.
* Some studies indicate that women are more likely to be periodic or bout drinkers, while men are more likely to be continuous drinkers.
* When found guilty for drunk driving, women are much less likely to be arrested by police than men.

* Although women's numbers are growing in alcohol treatment centers, they appear to underuse alcohol services relative to men.
* Results of employee assistance programs' surveys indicated that identification and referral for alcohol problems was significantly lower for women than men. When women were referred, a high percentage were diagnosed as having personality problems-a small percent receiving alcoholism as a secondary diagnosis.
* For college students often the initial "turn-on" with alcohol and drugs was same sex for males but opposite sex for females. Females seem to be less likely than males to use those substances with same sex friends, but more likely to use it in mixed groups of males and females.
* If she drinks at all, the lesbian stands a good chance of developing an alcohol problem, acccording to prevalence statistics. She is more likely to abuse alcohol than either a heterosexual woman or man, and may be even more vulnerable to a drinking problem than a homosexual man. Lesbians may be also more apt to use non-prescription drugs and to have attempted suicide. It is thought that the high rate of abusive drinking among homosexuals is more likely to be a product of an environment that openly discriminates against them through hate, fear and isolation. Further, gay bars form the center of social life for large numbers of gay men and women.
* There is a growing recognition that throughout the process of recovery women have special problems and needs. Some of these are seen to be child-care facilities, treatment for double addictions, recovery in long-term living facilities, women's groups, treatment for lesbians, treatment for incest victims and battered women, a choice between male and female counselors, better long term insurance coverage, and treatment that focuses on special needs of ethnic minorities.

C. Checklist of danger signals or signs specifically for women (handout)

REFERENCE: Jane James, director TAFWA Center, 3718 Tracy, Kansas City, Missouri 64109 and Doris Saxon, Alcoholism Counselor, Johnson County Mental Health Center, 6000 Lamar, Shawnee Mission, Kansas. Cited in Youcha, 1986, pp. 211-212.

D. Children of Alcoholics

1. Characteristics of persons raised in alcoholic families (handout)

2. Source of Information: Publications about children of alcoholics

Write for a free catalog from:

Perrin & Treggett, Booksellers
5 Glen Road
PO Box 190
Rutherford, New Jersey 07070
(201) 460-7912

E. Drug interactions with alcohol

Alcohol is an extremely active drug. In combination with other drugs it can be fatal. Many famous persons including Judy Garland and Janis Joplin have been victims of drug interactions. Often doctors prescribe drugs to women without the knowledge that their patient is a frequent drug user. When one or more drugs are present in the body, they alter the actions or effects of another drug present in the body at the same time. Drug interactions are of three types: a) Additive-two drugs with the same response (2+2=4), b) Synergistic-the joint effect of two is greater than the sum of the two alone (2+2=5), and c) Antagonistic-the joint effect of the two drugs is less than the separate effects of the drugs (2+2=3).

REFERENCE SOURCES AND TABLES:

Ascione, F.J. (1978).Caution: These drugs interact with alcohol. Pharmacy Times, January. 79-85.

Harkness, R. (1984). Drug interactions handbook. Englewood Cliffs, NJ: Prentice-Hall.

Seixas, F.A. (1975). Alcohol and its drug reactions. Annals of Internal Medicine, 83, 86-92.

F. The Professional woman and drinking

A little more than half of women work outside the home. They also continue assuming most of the parenting duties in the family. This increases the stress of balancing responsibilities in both areas. Further, the working woman adds many of the "male" reasons for drinking to her list, including entertaining clients, and to fit into the organization. Some working women drink with male co-workers to prove their equality or to improve their chances in being positively influenced by the organization politics. Women may feel that they need to adopt the same drinking habits as their male co-workers. Women need to be aware of the potential situations in which alcohol enters into their professional lives and make educated decisions concerning their behavior and drinking etiquette.

RESOURCES:

Alcohol and Drug Problems Association of North America. (1984). Some thoughts about drinking for women in the workplace. Washington, DC: Alcohol and Drug Problems Association.

Write: ADPA
444 North Capitol St., NW
Washington, DC 20005

Harragan, B. (1977). Games mother never taught you-corporate gamesmanship for women. New York: Warner Books. pp. 377-379.

Kleeman, B., & Googins, B. (1983). Women alcoholics in management: Issues in identification. Alcohol Health and Research World, 7(3), 23-28.

Markowitz, M. (1984). Alcohol misuse as a response to perceived powerlessness in the organization. Journal of Studies on Alcohol, 45, 225-227.

Shore, E.R. (1985). Alcohol consumption rates among managers and professionals. Journal of Studies on Alcohol, 46, 153-156.

Trice, H.M., & Roman, P.M. (1978). Spirits and demons at work: Alcohol and other drugs on the job. New York: Cornell University Press.

G. Alcohol, sex and AIDS

Alcohol as a social custom is drunk mainly to counteract anxiety and reduce tension. Under the appropriate conditions, alcohol has definable aphrodisiac properties in that it reduces inhibitions and can therefore increase overt sexual desire. However, alcohol can have a detrimental performance effect, especially in males. There is a strong tendency for young women to receive alcohol and other drugs from men they are dating. This is usually linked to male sexual expectations. Many college males admit to having used alcohol to make their dates more sexually willing or responsive. Alcohol use or abuse is a common ingredient to campus date or acquaintance rape and other forms of violence in relationships.

Research has been done on the effects of alcohol consumption on immunity to disease almost a century before the identification of AIDS (Acquired Immunodeficiency Syndrome). It was noted that consuming large amounts of alcohol would lower a person's resistance to infectious diseases. In addition to direct effects many patients with medical problems or complications due to alcohol abuse have abnormal immunological responses.

Perhaps more obviously, the relationship between alcohol consumption and risk-taking behavior may be crucial to the prevention of the spread of AIDS. The HTLV-III infection appears to be avoided through adoption

of "safe sex" practices and elimination of intravenous needle sharing. Many studies have addressed disinhibition effects of alcohol which could increase the possibility of engaging in high risk substance abuse and sexual behavior which contribute to the spread of AIDS. No discussion of women and alcohol should bypass the effects of alcohol on possible sexual behavior or promiscuity.

RESOURCES:

Arafat, I., & Yorburg, B. (1973). Drug use and sexual behavior of college women. The Journal of Sex Research, 9, 21-29.

Bush, P. (1980). Alcohol: What it does to your sex life. In Drugs, alcohol and sex. New York: Richard Marek Publishers, pp.141-155.

Harvey, S.M., & Beckman, L.J. (1986). Alcohol consumption, female sexual behavior, and contraceptive use. Journal of Studies on Alcohol, 47(4), 327-332.

Kaplan, H. (1987). The real truth about women and AIDS: How to eliminate the risks without giving up love and sex. New York: Simon and Schuster.

McCoy, K. (1983, July). Accidental sex: The negative role of alcohol and drugs. Seventeen, 42, 8+.

Mondanaro, J. (1987). Strategies for AIDS prevention: Motivating health behavior in drug dependent women. Journal of Psychoactive Drugs, 19(2), 143-149.

National Clearinghouse for Alcohol Information. (1987, February). Alcohol and AIDS: Alcohol resources update. Write:

National Clearinghouse for Alcohol Information
PO Box 2345
Rockville, Maryland 20852

Patton, C., & Kelly, J. (1987). Making it-a woman's guide to sex in the age of AIDS. (Firebrand pamphlet #2), Ithaca, NY: Firebrand Books.

H. The media: Women and alcohol

In addition to the influence of the family and our respective cultural/racial groups, another dominant influence upon drinking choices is the media. It reflects prevailing attitudes of society and creates and defines desirable images of women and men. Until 1958 the liquor industry code forbade even the portrayal of a woman in an advertisement. Only in the last two decades has alcohol advertising really emphasized the changing women's market (Sandmaier, 1980). Advertising, which is designed to entice non-drinkers and help drinkers select specific products previously emphasized the taste rather than the social aspects to women. Now that women are "allowed" to drink alcoholic beverages, including beer and heavy or hard liquor, they are pictured more in ads, and are portrayed as active participants in consumption as well as serving as hostesses. Ads for high calorie cocktails and liqueurs are rapidly being replaced by ads for light beers and white wines to urge women to stay thin. The impact of recent alcohol sales campaigns is uncertain, but one could guess that it has been substantial for companies to continue to purchase expensive advertising space. The influence of the alcohol industry may be more fully understood in terms of the element of "hidden persuasion" or media manipulation. Alcohol is advertised more for its supposed power to give users wonderful, exciting qualities such as sexual potency, financial success, or professional capability. Alcohol aimed at career-minded women portray alcohol as the mark of prestige and independence. Other ads focus on the sexually liberated woman by emphasizing the seductive potential of certain brands. The majority of alcohol ads could still be identified as aiming at a "traditional" female need for love and attention of a man. Some more recent alcohol ads focus on famous

and respected women who may appear to be promoting a certain product. All of these ads are pushing women's fantasies. Unfortunately, by playing on women's deepest desires and needs, ads could encourage reliance on a beverage which is a potentially addictive drug. Ads which promote sexuality are especially harmful because they promote a confusing double bind about permitted or accepted behavior. Images of women as objects of desire, idealized as young, beautiful, and usually white are used to sell alcohol to men. The images of sophisticated, glamorous, wealthy women in the company of desirable males are used to sell alcohol products to women. The underlying idea advertising creates is that the woman needs to consume or serve alcohol in order to achieve any of the desired qualities. Especially for younger women who may not have made personal decisions concerning drinking and behavior, advertisements may encourage drinking, and set the tone for abuse of alcohol for negative reasons.

This part of the program consisted of a slide show composed of slides of 80 alcohol advertisements representing mostly women's images, but also some representative of advertisements which would appeal to males only. These ads were selected from numerous magazines popular with both Black and Caucasian college students. This segment needs presenter facilitation and comment. Other ways to implement this segment would be to present advertisements directly to students or program participants from magazines and ask them to label the advertisement focus. Packard (1981) has suggested eight hidden needs utilized in marketing strategies. These are: 1. Selling emotional security, 2. Selling reassurance of worth, 3. Selling ego-gratification, 4. Selling creative outlets, 5. Selling love objects, 6. Selling sense of power, 7. Selling a sense of

roots or family, and 8. Selling immortality. (p. 68-78). From this program, participants could also be provided with magazines and be given the assignment to select alcohol ads which emphasize each strategy.

RESOURCES:

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Conclusion

This program serves as a model for programs which may be utilized on the college campus to help female students understand the influence of alcohol in their lives and in the lives of other women they know. More research and programming needs to be done in this area, and community resources and organizations also need to set a precedent in bringing this problem to the attention of individuals. It is the hope of the presenters that program participants and student personnel staff members benefit from the compilation of this information into this program format. Awareness that a problem or need exists is the first step to solving the problem or meeting the need.

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